Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURE	S NOTICE FILING				
AGENCY NAME Mississippi Department of Mental Health (MDMH)		CONTACT PERSON Stephanie Foster		TELEPHONE NUMBER 601-359-1288	
ADDRESS 239 N. Lamar St. Suite 1101		CITY Jackson		STATE MS	ZIP 39201
EMAIL stephanie.foster@ dmh.state.ms.us	SUBMIT DATE 07/22/13	Name or number of rule(s): Agency: Mississippi Department of Mental Health (MDMH) Title 24; Part 6 – Rules, Regulations and Application Guidelines for the Mental Health Therapist Program			
Short explanation of rule/amendment and Application Guidelines for the Ment seeking certification in the DMH Mental H of the Administrative Code compilation. If filed as a manual. Specific legal authority authorizing the List all rules repealed, amended, or sumental Health (MDMH) Rules, Regulations ORAL PROCEEDING:	al Health Therapist P ealth Therapist crede t is being filed as an a e promulgation of ru ispended by the pro	rogram: this document promul ntialing program. This document nmendment to the existing document tile: Section 41-4-7 of the Mississ oposed rule: This proposed act	lgates standard t is being filed ment, with son sippi Code, 197 lon amends th	ds and requirem because it was in ne substantive ch 2, Annotated e existing Missis:	ents for individuals nadvertently left out nanges, and is being sippi Department of
An oral proceeding is scheduled fo	r this rule on Date	: Time: Place:			
Presently, an oral proceeding is no			72		
If an oral proceeding is not scheduled, an oral pten (10) or more persons. The written requests notice of proposed rule adoption and should integer agent or attorney, the name, address, email adcomment period, written submissions including ECONOMIC IMPACT STATEMENT:	hould be submitted to the lude the name, address, lress, and telephone num	ne agency contact person at the above email address, and telephone number of the party or parties you repre	re address within er of the person(esent. At any tim	twenty (20) days a s) making the requ e within the twent	efter the filing of this est; and, if you are an v-five (25) day public
Economic impact statement not re	quired for this rule.	Concise summary of e	conomic imp	act statement a	attached.
Original filing Renewal of effectiveness New ru To be in effect in days Amenda Effective date: Immediately upon filing Adoptic Other (specify): Proposed final 30 days Other (specify)		ule(s) Imment to existing rule(s) I of existing rule(s) I on by reference II effective date: Is after filing I specify):	FINAL ACTION ON RULES Date Proposed Rule Filed: 06/24/2013 Action taken: Adopted with no changes in text X Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: X 30 days after filing Other (specify):		
Printed name and Title of person authorize Signature of person authorized to file rules	d to file rules: <u>Stepha</u>	nie Foster, Director, MDMH Divis	ion of PLACE		
OFFICIAL FILING STAMP	DO NOT	WRITE BELOW THIS LINE ICIAL FILING STAMP	F	JUL 2 2 20 MISSISSIF RETARY OF	13 D
Accepted for filing by	Accepted for	filing by	Accepted for filing by		